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A Appendix

Appendix 1

Delegation of Medically Oriented Tasks

Medically oriented tasks are covered personal care services when delegated by a registered nurse (RN) under HFS 107.112(2)(b), and N6, Wis. Admin. Code.

Criteria for Delegation of Medically Oriented Tasks

According to HFS 107.112(2)(b), Wis. Admin. Code, a personal care worker (PCW) of a Medicaid-certified personal care agency may perform a medically oriented task under the delegation of an RN according to Chapter N6, Wis. Admin. Code, and the guidelines of the Board of Nursing. When delegating medically oriented tasks, the following conditions should be met:

1. The agency has policies and procedures designed to provide for safe and accurate performance of the delegated tasks. These policies shall be followed by personnel assigned to perform these tasks.
2. The RN provides written delegation of the nursing act.
3. Documentation supports the educational preparation of the caregiver who performs delegated tasks.
4. For medication administration, documentation should also include the name of the medication, the dose, the route of administration, the time of administration, and identification of the person administering the medication.
5. Teaching and supervisory oversight is provided by the RN.
6. Recipients are informed, prior to the delivery of service, that unlicensed personnel will administer their medications and other treatments/procedures.
7. The supervision and direction of the delegated nursing act meets the requirements of Chapter N6, Wis. Admin. Code.
8. The recipient, parent, or responsible person is permitted to participate in the training and supervision of the PCW.

To assure that services are competently and safely provided, and the needs of the recipient are being met, an RN must provide the following supervision and direction of the delegated nursing acts:

- Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised.
- Provide direction and assistance to those supervised.
- Observe and monitor the activities of those supervised.
- Evaluate the effectiveness of acts performed under supervision.

The supervising RN must document that the above requirements are met when medically oriented tasks are delegated to PCWs. Documentation must include that the PCW has been appropriately trained to provide the medically oriented task safely for the specific recipient and competency has been evaluated.

Tasks that Cannot be Delegated

According to the Board of Nursing, the following are two principal exceptions to the RN's ability to delegate tasks to unlicensed personnel:

1. Nursing assessment and evaluation cannot be delegated. Licensed practical nurses and less-skilled assistants may assist the RN in these functions but may not perform them in their entirety.
2. Performance of intravenous (IV) therapy, including starting peripheral IV lines, adding medication to the IV fluids, monitoring IV fluids which carry medication, and monitoring IV fluids for hydration purposes require direct, on-site supervision.

Responsibility for Delegation

Though agencies may suggest which nursing acts should be delegated, it is the supervising RN who makes the decision on whether and under what circumstances the delegation occurs. When an RN delegates another person to perform a task, the RN assumes responsibility and liability under his or her license for the proper performance of that task. The RN should only delegate tasks that can be performed appropriately or safely by the PCW.

The PCW is not required to accept a delegated act. However, the PCW should immediately inform the RN supervisor if he or she refuses to accept the delegation.

Questions Regarding Delegation

The Department of Regulation and Licensing standards in Chapter N6, Wis. Admin. Code, define a nurse's responsibility when delegating nursing acts. Further questions regarding the interpretation of this code and the delegation of nursing acts, should be directed to:

Department of Regulation and Licensing,
Board of Nursing
P.O. Box 8935
Madison, WI 53708-8935

E-mail address: *Dorl@mail.state.wi.us*

Telephone number: (608) 266-0145

Appendix 2

Examples of Medically Oriented Tasks That May be Delegated to PCWs

Usual personal care worker (PCW) activities include assistance with activities of daily living (ADL), assistance with housekeeping activities, and accompanying the recipient to medical appointments. In addition to these tasks, PCWs may provide assistance with medically oriented tasks which are delegated by a registered nurse (RN).

The following are examples of tasks that may be considered medically oriented tasks. This list of medically oriented tasks is not intended to be all-inclusive.

Active Seizure Intervention

Active seizure intervention, including safety measures, reporting seizures, and administration of medication at the time of the active seizure, etc., may be a medically oriented task. Active seizure intervention may be medically necessary when the recipient has had active seizures, requiring active intervention, within the past 62 days.

Application of Prosthesis or Orthosis

This may be a medically oriented, medically necessary task when part of a serial splinting program or when the recipient has a demonstrated problem with frequent skin breakdowns that must be closely monitored.

Assistance with Activities that are Directly Supportive of Skilled Therapy Services

This includes activities that do not require the skills of a therapist to be safely and effectively performed. Activities may include routine maintenance exercises, e.g., range of motion exercises and repetitive speech routines. In order to be medically necessary, the activities must be ordered in conjunction with an active therapy program or as a result of a therapy evaluation signed by a therapist. The therapist may screen the client and recipient as often as medically necessary to verify the continuing medical necessity of activities supportive of therapy, such as range of motion (ROM), repetitive speech drills, and other routine exercise programs. A full therapy evaluation by a therapist is needed when there is a change in client condition or when the home exercise program is not accomplishing its goals.

Complex Repositioning

This is specialized positioning, including positioning required to:

- Reduce spasticity.
- Be part of a therapy treatment in a home exercise program (e.g., placing a recipient in a specialized position for “X” amount of time to accomplish a specific goal).
- Properly apply a brace or splint so it will be effective and not harm the recipient.
- Prevent skin breakdowns when the recipient has demonstrated problems with frequent skin breakdowns.

Complex Transfers

These are transfers that require the use of special devices when there is an increased likelihood that a negative outcome would result if the transfer were not done correctly or when a special technique is used as part of a complex therapy program. The following transfer techniques are part of the suggested personal care curriculum and do not qualify as complex transfers: stand-pivot transfer, sliding board, and transfer belts. Complex transfers may be medically necessary when the recipient has no volitional movement below the neck or when simple transfer techniques have been demonstrated to be ineffective and unsafe.

Feeding

This may be a medically oriented task and necessary when there is a high risk for aspiration and the physician orders special procedures or techniques that must be utilized to effect safe feeding. Examples include thickening of liquids, small bolus of food positioned in a special section of the mouth, or a chin tuck.

Feeding via a gastrostomy tube may be a medically oriented task when it is deemed appropriate and when delegated by the registered nurse.

Glucometer Reading

Taking glucometer readings and reporting them to the supervising nurse whenever they are outside of parameters established for the recipient by the physician may be medically necessary when the recipient's medical history supports the need for ongoing monitoring for early detection of readings outside of established parameters. High blood sugars due to the noncompliance of a competent adult do not justify glucometer tests as medically necessary tasks.

Medication Administration

May be provided by personal care workers when delegated by an RN under N6, Wis. Admin. Code.

Simple Dressing Changes

These are dressing changes that do not require the skills of a licensed nurse. Wounds or ulcers that show redness, edema, and induration, at times with epidural blistering or desquamation, do not ordinarily require skilled nursing care. Simple dressing changes may be medically necessary when the physician orders them for the treatment of a wound or sore and no primary caregiver is willing or able to provide the care.

Skin Care

Skin care may be a medically oriented task and medically necessary when legend solutions, lotions, or ointments are ordered by the physician due to skin breakdown, wounds, open sores, etc. PRN ("as needed" hours) or prophylactic skin care is an activity of daily living task, not a medically oriented task.

Vital Signs

Taking vital signs may include taking the recipient's temperature, blood pressure, and pulse and respiratory rates, and reporting them to the supervising nurse whenever they are outside of the parameters established for the recipient by the physician. Taking vital signs may be medically necessary when the recipient's medical history supports the need for ongoing monitoring for early detection of an exacerbation and the physician establishes parameters at which point a change in treatment may be required.

Glossary of Common Terms

Activities of daily living (ADL)

Activities of daily living are activities relating to the performance of self care, including dressing, feeding or eating, grooming and mobility.

Adult family homes (AFH)

An adult family home is a place where three or four adults who are not related to the operator reside and receive care, treatment, or services that are above the level of room and board and that may include up to seven hours of nursing care per week, per resident. These homes are licensed under chapter HFS 88, Wis. Admin. Code.

Community-Based Residential Facility (CBRF)

A community-based residential facility is a place where five or more adults who are not related to the operator or administrator and who do not require care above intermediate level nursing care reside and receive care, treatment, or services. These would be services above the level of room and board but that include no more than three hours of nursing care per week, per resident. Refer to s. 50.01(1g), Wis. Stats., and HFS 83.03, Wis. Admin. Code, for more information.

Covered service

A covered service is a service, procedure, item or supply for which Medicaid reimbursement is available, provided to a Medicaid recipient by a Medicaid-certified provider qualified to provide the particular service, procedure, item or supply or under the supervision of a certified and qualified provider.

Disposable medical supplies (DMS)

Disposable medical supplies are medically necessary items, which have a very limited life expectancy and are consumable, expendable, disposable, or nondurable.

Duplicative services

Duplicative services occur when a provider is performing and being reimbursed for the same service as another provider, family member, or other party.

Durable medical equipment (DME)

Durable medical equipment is equipment which can withstand repeated use, is primarily used for medical purposes, is generally not useful to a person in the absence of illness or injury, and is appropriate for use

in the home (examples - wheelchairs, hospital beds, and side rails).

Home health (HH) agency

A home health agency is a Medicaid-certified public agency or private organization, or a subdivision of the agency or organization, which is primarily engaged in providing skilled nursing services and other therapeutic services to a recipient at the recipient's place of residence. Home health agencies are licensed under Chap. 50, Wis. Stats., and HFS 133, Wis. Admin. Code.

Housekeeping activities

For the purpose of Medicaid reimbursement, housekeeping activities are light cleaning in essential areas of the home used during personal care service activities (i.e., kitchen cleanup following meal preparation), meal preparation, food purchasing and meal serving, changing the recipient's bed, and laundering the bed linens and the recipient's personal clothing.

Medical necessity

Medical necessity is medical assistance service under ch. HFS 107, Wis. Admin. Code, that is:

- (a) Required to prevent, identify or treat a recipient's illness, injury or disability, and:
- (b) Meets the following standards:
 - 1. Is consistent with the recipient's symptoms or with prevention, diagnosis or treatment of the recipient's illness, injury or disability.
 - 2. Is provided consistent with standards of acceptable quality of care applicable to the type of service, the type of provider and the setting in which the service is provided.
 - 3. Is appropriate with regard to generally accepted standards of medical practice.
 - 4. Is not medically contraindicated with regard to the recipient's diagnoses, the recipient's symptoms or other medically necessary services being provided to the recipient.
 - 5. Is of proven medical value or usefulness and, consistent with s. HFS 107.035, is not experimental in nature.
 - 6. Is not duplicative with respect to other services being provided to the recipient.
 - 7. Is not solely for the convenience of the recipient, the recipient's family or a provider.
 - 8. With respect to prior authorization of a service and to other prospective coverage

Glossary (continued)

determinations made by the department, is cost-effective compared to an alternative medically necessary service, which is reasonably accessible to the recipient.

9. Is the most appropriate supply or level of service that can safely and effectively be provided to the recipient.

Medicare

Medicare is a national health insurance program for people 65 years of age and older, certain younger people with disabilities, and people with kidney failure. It is divided into two parts: Hospital Insurance (Part A) and Medical Insurance (Part B).

Personal care worker (PCW)

A personal care worker is an individual employed by a personal care provider certified under HFS 105.17, Wis. Admin. Code, or under contract to the personal care provider to provide personal care services under the supervision of a registered nurse.

Prior authorization (PA)

Prior authorization is the authorization issued by the Department of Health and Family Services to a provider before the provision of a service. Specific PA criteria are covered in the Prior Authorization section of this handbook.

Plan of Care (POC)

A written plan of care for a recipient is developed by a registered nurse based on physician orders in collaboration with the recipient/family, and approved by the physician. The purpose of the POC is to provide necessary and appropriate services, allow appropriate assignment of a PCW, set standards for personal care activities, and give full consideration to the recipient's preferences for service arrangements and choice of PCWs. The POC is based on a visit to the recipient's home and includes a review and interpretation of the physician's orders; evaluation of the recipient's needs and preferences; assessment of the recipient's social and physical environment, including family involvement, living conditions, the recipient's level of functioning and any pertinent cultural factors such as language; and the frequency and anticipated duration of service.

Provider

A personal care provider is an HH agency, county department, independent living center, tribe, or public

health agency that has been certified by Wisconsin Medicaid to provide personal care services to recipients and to be reimbursed by Wisconsin Medicaid for those services.

Recipient

A recipient is a person who is enrolled in Medicaid and is eligible to receive benefits under Medicaid.

Registered nurse (RN)

A registered nurse is a person who holds a current Wisconsin license as a registered nurse under ch. 441, Wis. Stats., or, if practicing in another state, is licensed with the appropriate licensing agency in that state.

Residential care apartment complex (RCAC)

A residential care apartment complex is a place where five or more adults reside that consists of independent apartments, each of which has an individual lockable entrance and exit, a kitchen, including a stove, individual bathroom, sleeping and living areas and that provides to a person who resides in the place, not more than 28 hours per week of services that are supportive, personal, and nursing services. RCACs are required to adhere to HFS 89, Wis. Admin. Code.

Supervision

Supervision of personal care services is required to be performed by a qualified RN who reviews the Plan of Care (POC), evaluates the recipient's condition, and observes the personal care worker (PCW) performing assigned tasks at least every 60 days. Supervision requires intermittent face-to-face contact between supervisor and assistant and regular review of the assistant's work by the supervisor according to HFS 101.03(173), Wis. Admin. Code. Supervisory review includes:

- A visit to the recipient's home.
- Review of the PCWs daily written record.
- Discussions with the physician of any necessary changes in the POC, according to HFS 107.112(3)(c), Wis. Admin. Code.

Travel time

Travel time is the time spent traveling to and from the recipient's residence and the previous or following personal care appointment, the PCW's residence, or the provider's office.